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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Consulting the public

SIR,—Consultation in its widest sense was one of the major themes inherent in the NHS. Despite this emphasis, guidance from the DHSS was not very detailed. Its planning guide¹ dismissed the consultative process with a single terse paragraph coupled with a short list of bodies with whom each tier is bound to consult. Unfortunately these bodies conceal a wide and varied range of interests and pressure groups. The result has been a general confusion in many people's minds, not only as to the real nature and purpose of consultation but also the extent to which the process should be carried.

Dr D T Jones in his excellent paper on public consultation (22 October, p 1101) touched on some of the major problems involved in carrying out a round of consultation—namely, public apathy, the length of time needed to gain comments, and the lack of general recognition accorded to the community health council (CHC). These are not the only problems to be encountered and it might be useful to take the subject a little further.

An important problem not considered in the article lies in the way papers submitted for consultation are set out. This can often be of crucial significance in obtaining agreement, but the task of communicating complex problems in a clear and easily understood form often demands skills which are not readily

forthcoming. The wide range of audience before which a particular paper may pass compounds this problem. Matters which appear simple and straightforward to a medical executive may appear totally incomprehensible to a CHC member. Regrettably planners have developed a special jargon peculiar to themselves which can, if not ruthlessly expurgated, completely destroy an otherwise sound piece of work.

Our approach has been to seek the involvement of public relations experts very early on in the production of a document. This allows the emphasis on good communication to be maintained. Next we have asked them to produce their own summary leaflets for public consumption. Such leaflets can be professionally produced, maximising the intelligent use of space, art work, and colour to reinforce the messages. Large numbers can be produced, making the coverage of a whole community much easier.

However, this approach does raise the very important problem of cost. Fortunately we have found the cost of producing leaflets to be quite modest. On the other hand, a major document, such as a regional strategy, will always be rather large and expensive to produce. Consequently a full consultative programme will prove very costly. For example, if a CHC decides to consult parish councils (which usually represent about 2000

people) the numbers of copies required can quickly reach frightening proportions. Similar problems arise with medical advisory machinery, since it is not an unreasonable proposition that all divisional chairmen should receive most of the major planning documents. For a large authority production runs amounting to several thousand copies are often indicated. The costs involved can run to several thousand pounds, especially if aids to clarity such as maps and diagrams have been used. In an era of scarce resources one must ask whether or not it is right to use funds which could otherwise be devoted to patient care or communicating with staff and the public. On the other hand, it can be argued that full and frank discussion in the early stages of many developments can prevent costly delays later on. This dilemma needs to be faced and some reasonable limits placed on the lengths to which we are required to go. One simple and practical limitation is to place an economic charge on all documents supplied to interests outside the NHS. This principle has already been adopted in local government circles.

It is none the less quite clear that unless definite limits are set and better guidance is given centrally there is a danger that the consultative process will grow out of all proportion and potentially swallow resources in a way that may produce little of direct benefit to patient care.

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¹ Department of Health and Social Security, *National Health Service Planning System*, HSC(IS)126. London, DHSS, 1975.